



**Baby yourself:**  
Simple steps—and  
the right tests—can  
help keep your  
pregnancy on track.

## Lower your miscarriage risk

New tests and treatments you should know about.

By Amy Paturel

When Kori Morrison had her first miscarriage, she and her husband, Tom, were upset but still hopeful. After all, she knew that 15 to 50 percent of all pregnancies end in miscarriage, and most of these women who've miscarried go on to have healthy babies. But in the next eight years, Morrison had four more miscarriages. Sadness and self-blame set in. "I wondered if I was eating the wrong things, if I was overstressed, or, worst of all, if my body just wasn't cut out for pregnancy," she says.

Morrison was eventually diagnosed with a hormone imbalance: Low progesterone during pregnancy kept her uterus from nourishing the embryo. With treatment, she went on to have four children. Although Morrison went through agony for years before discovering what was wrong, her story illustrates that there *are* ways to identify what causes miscarriages and what can be done to prevent them. Important to know because, while most women will go on to have a successful pregnancy, about 5 percent are likely to lose another baby. And the use of assisted reproductive technology such as in vitro fertilization (common among women 35-plus) seems to boost miscarriage risks even more.

### ✓ Do a little detective work

When you're planning to get pregnant, your first move should be a careful pre-pregnancy checkup to reveal potential risk factors like diabetes-related problems, high blood pressure, polycystic ovary syndrome, fibroids, or thyroid abnormalities—all of which are mostly treatable, says Mary Stephenson, MD, professor of obstetrics and gynecology and director of the recurrent-pregnancy-loss program at the University of Chicago Medical Center. Go over your medical history with your doctor, and also mention any

medications, herbs, and supplements you are taking. You might learn something about potentially risky non-prescription meds like ibuprofen or herbs like ginkgo. Even taking a little time to discuss a family history of miscarriages with your doctor might uncover a correctable problem.

### ✓ Stop the stress

We've all heard that being stressed isn't a good thing if you're trying to get pregnant. That's also true of trying to stay pregnant. British researchers recently found that feeling happy, relaxed, or in control is *(Continued on page 104)*

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## HealthyBody

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linked to a 60 percent reduction in a woman's miscarriage risk. What helps when you can't kick back with a glass of wine? Gentle workouts, dining with friends, or watching your favorite TV show might work (stick with *The Office* instead of nerve-janglers like *24* or *ER*). And what about sex? If you've had a miscarriage in the past, says Jonathan Scher, MD, assistant clinical professor of obstetrics and gynecology at Mt. Sinai Medical Center in New York, it's probably best to skip nookie during your first trimester, when a hormone in semen may stimulate contractions. It's OK later, after the embryo is fully implanted.

### ✓ Do some chromosome testing

After a miscarriage, a chromosome analysis of fetal tissue can provide some useful information, says Scher. The test can reveal if there was an unavoidable chromosome problem—the cause of as many as 50 percent of miscarriages. If the test result is abnormal (the tissue has an abnormal number of chromosomes), it's good news. This is a random event, and the chance of it happening again is no higher than normal. Time to try again. A normal test result, however, may require further investigation (there's more information on this in "Take a Few More Tests," at right).

Unless you insist, you may not

be offered chromosome analysis. "It's the most important thing we can do," Stephenson says, "But, unfortunately, it's very seldom done."

Why? Medical guidelines don't recommend it unless you've had multiple miscarriages. Even then, if you're healthy, doctors might beg off. But Scher and Stephenson advise any woman who has two or more miscarriages to get the test.

### ✓ Take a few more tests

If the chromosomes are normal and it's your second or third miscarriage, there's a good chance you have a fixable problem. But you won't find out without additional tests. You might be screened for a genetic tendency for blood clots, a weak cervix, a hormonal imbalance, or even an autoimmune problem like lupus. If you have a blood-clotting disorder, anticoagulating medication may cut your risk of miscarriage by up to 75 percent. If it's a weak cervix, a stitch applied at the end of the first trimester can prevent the cervix from opening early and starting premature labor.

To uncover these kinds of problems, you may need to go to a specialized, recurrent-pregnancy-loss clinic, Stephenson says (see "Miscarriage Help," below left). Most important, though, keep pushing for answers.

That's what Darci Klein did after suffering three miscarriages, including the loss of twins at 20 weeks. Eventually, tests showed she had an inherited blood-clotting disorder and a weak cervix. After treatment—injections of a blood thinner and a cervical stitch—she carried a pregnancy to term and gave birth to a healthy baby boy. "You don't ever get over losing a child," says Klein, author of *To Full Term: A Mother's Triumph Over Miscarriage*. "But you need to ask for testing." ❦

## { YOUR MONEY }

### Do I need a living will?

**Absolutely.** If the unthinkable happens—say, if a car wreck leaves you on life support with no chance of recovery—you'll want your loved ones to avoid a legal scuffle. (Who can forget the heartbreaking Terri Schiavo case?) A simple legal document called a living will, also known as an advance directive, can help you do that.

How easy is it? Just download the official paperwork for your state from

[www.caringinfo.org](http://www.caringinfo.org), a service of the National Hospice and Palliative Care Organization. Fill in the document as is, or explain your wishes in your own words, suggests Ferdinando Mirarchi, DO, chairman of emergency



**Terri Schiavo:** If only she'd had a living will.

medicine at Hamot Medical Center in Erie, Pennsylvania, and author of *Understanding Your Living Will: What You Need to Know Before a Medical Emergency*.

Be sure to discuss your values and wishes with your loved ones, so everyone understands what you're putting in the living will, Mirarchi says. Distribute copies of these important papers to your doctors and family.

You should also give your spouse or a trustworthy close relative medical and durable power of attorney. A medical power of attorney allows the designated person to make health-care decisions for you. And a durable power of attorney assigns the right to control financial, property, and other legal decisions and transactions. No lawyer is necessary for drawing up a living will or medical power of attorney; but you'll need one to execute durable power of attorney. —S/JF

### Miscarriage help

For more information about tests and treatments that help prevent miscarriage, check with the International Council on Inertility Information Dissemination ([www.inciid.org](http://www.inciid.org)), Society for Maternal-Fetal Medicine ([www.smfm.org](http://www.smfm.org)), and [www.preventpregnancyloss.org](http://www.preventpregnancyloss.org).